

# Request for religious accommodation



## Purpose

Employees and job applicants should use this form to request a religious accommodation.

## About religious accommodations

Metro provides equal employment opportunities without regard to any protected status and is committed to complying with all laws protecting an employee's religious beliefs and practices. Accordingly, Metro will provide reasonable accommodations for sincerely held religious beliefs and/or practices.

## Instructions

Form to be completed by employee. Completed forms can be sent by email to Human Resources at [human.resources@oregonmetro.gov](mailto:human.resources@oregonmetro.gov).

A member of the Human Resources team will contact you when they have received the form and provide/request additional information or documentation related to this request.

## Confidentiality

Information submitted in this form is kept confidential to the extent possible under Metro policies and law, and information will only be shared on a need-to-know basis to meet review and decision requirements or as required by law.

## General information

Employee or applicant name	
Department	
Job title, position or classification	
Supervisor name	
Phone number	
Email address	

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**Metro**

600 NE Grand Ave.  
Portland, OR 97232-2736

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## Request for religious accommodation

1. What is your sincerely held religious belief?

2. What kind of accommodation are you requesting?

3. Describe how the requested accommodation will assist you to perform the essential functions of the job you have or for which you are applying.

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*Note: This information will be used by Metro Human Resources or other appropriate personnel to engage in an interactive process with you around your request for accommodations.*

## Verification and accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Metro.

Employee signature	
Print name	
Date	

*If form is completed electronically and applicant is unable to complete a digital signature identity, the printed name on the signature line can serve as Employee's signature.*

Learn about creating a Digital ID [Adobe: Manage digital IDs](#)